

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000028327

**Entity Name:** L & L MOBILE CLINICS, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

501 N. ORLANDO AVENUE, SUITE 227  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

501 N. ORLANDO AVENUE, SUITE 227  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 27-5398889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POLITOWICZ, STACIA  
501 N. ORLANDO AVENUE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POLITOWICZ, STACIA  
Address: 501 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR  
Name: MARCANTEL, CHRISTY  
Address: 501 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STACIA POLITOWICZ

OWNE

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date